

where he made his affidavit to the facts above stated. The box was placed in an envelop, sealed with the consular seal, and left in my keeping.

On my return to New York, the box, with the affidavit, was sent to the Mayor of Providence, with a request that a proper investigation might be made into the cause of the death of B, a citizen of Rhode Island. I was afterwards informed that the remaining powders were submitted to a strict chemical analysis by the Professor of Chemistry in Brown University, but without any satisfactory results. Nothing was found which could throw any light upon this sudden and violent death. I did not learn that any experiments were tried upon animals to ascertain if the remaining powders retained any poisonous quality.

*Remarks.*—1. The death of the man B was unquestionably caused by the Seidlitz powder, or something it contained. It could be attributed to no other possible cause. No food or drink had been taken for hours previously.

2. The ingredients which enter into the composition of Seidlitz powders, tartaric acid, bicarbonate of soda, tartrate of potass and soda, are perfectly harmless, and by no possible reaction between them or any of their elements could ever become poisonous.

3. Some foreign substance introduced, whether by accident or design, into the powder, must have caused the death. The reader will have observed that the symptoms point strongly to strychnia. The intense bitterness complained of by B favours that idea. It is difficult to imagine how strychnia could have been accidentally introduced. Oxalic acid is a violent poison, and that by a blunder it might have been substituted for tartaric, is not so improbable. But the symptoms were not those of oxalic acid poisoning. On the whole, the conclusion seems to be inevitable, that B's death was caused by strychnia mixed with a Seidlitz; but how, will probably remain forever a mystery.

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*Successful Case of Ovariectomy performed by Dr. Hazard A. Potter.* By CHARLES N. HEWITT, M. D., of Geneva, N. Y.

I herewith transmit the record of a case of ovariectomy. The operation was performed by my partner, Dr. Hazard A. Potter, and I had charge of the patient up to the fifty-first day, when she was discharged.

Mrs. E. S., æt. 25 years, mother of one child, æt. 15 months.

*History.*—The patient was confined in January, 1857, and had a severe, but natural labour. Menstruation was resumed in April, and continued profusely for two days, and then suddenly ceased. The cessation was followed, not long after, by morning sickness, sharp lancinating pains in the region of the uterus, and pains in the face and teeth. In the early part of June, she first detected a tumour of the size of a goose egg, a little above the pubis, and to the right of the linea alba. It increased rapidly, and about the middle of July she called her family physician, and stated to him her suspicions that she was again pregnant. Upon examination, he found the tumour of the size of a child's head, movable, and extremely tender. Per vaginam he found the os uteri high up and moving with the tumour, and she stated her sensations to be the same as were experienced in her first pregnancy. On the first of September the distension was so great as to include the whole abdomen. The pain caused by the pressure was severe and continued, and she was rapidly failing in health. Drastic cathartics were given, and under their use the distension was somewhat diminished. Once only did the tumour almost entirely disappear—on the 1st of February. It soon returned and

continued to increase until she was seen by Dr. Potter, on the 1st of April. At this time her general health was very bad. Appetite poor, digestion deranged, and her body extremely emaciated. She was unable to lie straight in bed, and her abdomen was more distended than it would be were she at the full time with child. It was so tender as scarce to bear the weight of the cloths.

Dr. Potter's diagnosis was ovarian dropsy, and he advised tapping as a sure means of diagnosis and at least of temporary relief. To this the patient consented, and inserting a trocar into the median line, midway between the umbilicus and pubis, he drew off a patent pail and a half of the peculiar ropy secretion of ovarian disease. It was of a pale reddish colour, and on examination proved highly albuminous. Applied broad bandage, and compress, and put her on the immediate use of iron and quinine. Her general health improved up to the 14th inst., although the cyst had attained its former size. On the 14th the operation was performed. The temperature having been raised to between 70° and 80°, the patient was laid on the table. Chloroform was administered, and Dr. Potter proceeded to perform the operation in the usual manner. The external incision in the median line below the umbilicus was about seven inches long. Carefully opening the peritoneum the tumour was exposed. He tapped it and drew off about 28 lbs. of fluid of the same consistence as before, but of a darker colour, more nearly resembling coffee. The cyst was now seen to be multilocular and irregular. Inserting his hand into the peritoneal cavity, he found two adhesions to the anterior walls. One quite extensive near the liver, another in the left lumbar region. These he separated with his hand. On withdrawing the tumour it was found to be of the left ovary, and attached to the uterus by a pedicle of the breadth and thickness of two fingers, as well as by the thickened broad ligament. Around the first a strong linen ligature was securely tied, and then silk ligatures were applied to as many divisions of the broad ligament. The tumour was then removed. On examination the uterus and right ovary were found of the natural size and healthy. The ligatures were left hanging from the lower angle of the external wound, which was closed by six sutures taken down to the peritoneum. Adhesive straps were applied, and a compress, which was retained in place by a corset bandage laced in front, and extending from the ensiform cartilage to the pubis. The patient rallied well from the effects of the chloroform, and was removed to bed. Ordered tinct. opii gtt. lx, in a little brandy and water. 10 P. M. Quiet; skin moist; pulse 120, and soft. Ordered sulph. morphia gr. ¼th. 2d day, 9 A. M. Slept pretty well last night, but feels tired this morning. Tongue coated and moist. Pulse 135, feeble. Skin covered with profuse cold sweat—is in no pain. Ordered sulph. quinia gr. j in a teaspoonful of brandy every four hours. 12 M. Some pain in bowels, colicky in its nature. No distension of the abdomen, nor tenderness except around the wound. Ordered sulph. morphia gr. ¼th every four hours. I was compelled to use this quantity of morphia because previous to the operation she had used it almost constantly for several months. Concentrated beef-tea to be given in small quantities as often as she will take it. 4th day, 6 P. M. Found the patient nearly in a state of collapse. Warm external applications, and brandy, and quinine were freely used, and she soon rallied. I found that, contrary to my express orders, she had been allowed to sit braced up in bed. The discharge from the wound is quite copious. Serum tinged with blood. Not much tenderness on person, except around the wound. Continue same treatment as before. 5th day. Slept well last night, comfortable this morning Relished

her broth. Slight fever; pulse 130. Allowed milk and water in equal proportions as a drink. 6 P. M. Signs of another collapse checked by stimulants. 7th day. Complains of severe griping pain last night and this morning in the course of the colon. There is no undue distension or tenderness of the abdomen. Tongue coated, light brown. Pulse 130, and hard. Ordered pill calomel, grs. j, opium gr.  $\frac{1}{4}$ th, every three hours till four are taken, followed by ol. ricini  $\frac{3}{4}$ ss. 10 P. M. Oil operated freely, bringing away a large quantity of hardened scybala and softened feces. Midnight. Feels better, and soon fell asleep. 8th day. Feels better this morning. Rested well last night. Slight improvement in the appearance of discharge from the wound, not so profuse, and of more consistence. Tongue clean. Pulse 115. Continue quinine and brandy with morphine ter die. 9th day. Improving. Secretion from the wound better; tenderness less. Sweating not so profuse. Ordered sponging with alcohol and tepid water with brisk friction, ter die. Slight chills during the day, and to-night noticed a rash upon face, neck, and chest, attended with much itching, and some fever. 10th day. Slept pretty well last night. Complains this morning of more pain in arch of colon. Ordered injection of milk, water, salt, and castor oil, which effected a free movement of the bowels with great relief. Rash has extended over entire body, but there is not so much fever this morning. Pulse 115. Tongue slightly coated. Continue same treatment. Discontinue use of alcohol and water. 12th day. Called Drs. Potter and Dungan in consultation. The eruption has concentrated upon the face, neck, chest, abdomen, and inside of thighs, but few traces of it elsewhere, and has advanced to the suppurative stage. In their opinion and my own, it bears every resemblance to varioloid, and we think it to be so. The patient is the only one of the family not vaccinated, and the contagion was probably brought to her in the clothes of her family physician, who had been attending a case a few miles distant. The eruption went through its regular stages, and had the effect to prevent suppuration in the wound till the 14th day, when it was established. At this time union by first intention had taken place in all of external incision except that portion occupied by the ligatures, and all the sutures were removed. Appetite good; allowed meat and some vegetable diet. Continue bath of alcohol and water, with brisk friction. Distension and pain in arch of colon continue. Ordered to diminish morphia to two doses, morning and night, and to take  $\frac{3}{4}$ ss of Tildin's f'd ext. rhei et sennæ at night. 15th day. Free, but gentle movements of the bowels this morning causing no pain. Continues to improve. 16th day. Slept well last night. Appetite good. Substitute for morphia the following: R.—F'd ext. valerian,  $\frac{3}{4}$ ij; f'd ext. hyosciamus,  $\frac{3}{4}$ j.—M. Dose,  $\frac{3}{4}$ ss ter die. 18th day. Sat up in bed for an hour. Rapidly improving. Wound suppurating finely. Continue quinine in gr. j doses, ter die, in  $\frac{1}{2}$  wine glass of port;  $\frac{3}{4}$ j of ext. rhei et sennæ, at night. 24th day. Better. Bowels regular since 14th, without assistance. Continue quinine, and substitute for the port stock ale,  $\frac{1}{2}$  tumbler. 30th day. Removed two ligatures. Gaining rapidly. Some difficulty in urinating. Ordered: R.—Bals. copaiba, sp'ts nitre dule., aa  $\frac{f}{3}$ j.—M.  $\frac{3}{4}$ j twice daily. Bowels regular, with occasional use of ext. rhei et sennæ. 34th day. Sat up in chair two hours to-day; did the same yesterday. Had free evacuation of bowels at 4 P. M., two hours after going to bed. At half past five suddenly attacked by severe pain in region of sacrum, and by rectal tenesmus. Relieved by warm anodyne fomentations to the parts. 8 P. M. Pain has shifted to the region of the wound. Suppuration checked. Pulse 130, and full. Tongue heavily coated. Ordered pill calomel gr. j, opium gr.  $\frac{1}{4}$ , every

three hours during the night, and poultice over entire abdomen. Midnight. Is easier. 35th day. Slept pretty well last night. Better this morning. Took three pills. No pain, but some tenderness of abdomen. Slight discharge from the vagina. 2 P. M. Bowels moved freely. 8 P. M. Slight mercurial odour in breath, and a little tenderness of the gums. Decided improvement in general symptoms. 36th day. Suppuration fully re-established. Still a little salivation; ordered 3j f'd ext. rhei et sennæ, and gargle of alum water. Continue other treatment. 50th day. Patient has steadily improved up to this time. Is gaining flesh. Is stronger than she has been for months. Sits up in chair nearly all day. Two ligatures still remain attached, but they are excluded from abdominal cavity—are near the surface and are a source of no irritation. Decided to allow them to remain till they can be readily withdrawn. 51st day. Patient discharged. To continue cold bath, quinine  $\frac{1}{2}$  gr., morning and night in ale, and continue use of abdominal bandage. 60th day. Received long letter written by patient. She is rapidly gaining.

*Remarks.*—The particular point of interest in this case is the occurrence of the eruptive disease, and the total suspension of reparative action in the wound while that disease was at its height. I am inclined to the opinion that the aggravation of symptoms on the 34th day was caused by an attempt at the restoration of the menses. The cyst is deposited in the Wistar Museum of the University of Pennsylvania. One remark as to the diagnosis in this case. The patient first discovered the tumour on the *right* side, and there it remained till it was of such size as to occupy both regions. Although the tumour was multilocular and irregular in form, it could not be discovered to be so, till it was emptied of its contents, and exposed. The irregularity was principally on its posterior wall.

P. S. Dr. Potter sent with this cyst a fibrous tumour of the womb removed from a maiden lady, æt. 43. It was of six years' growth, and weighed with the womb and ovaries which were imbedded in it, 21 lbs. The patient died on the fourth day after the operation from exhaustion.

GENEVA, N. Y., June 17th, 1858.

#### DOMESTIC SUMMARY.

*Trephining the Lower Jaw for Neuralgia.*—Dr. J. MASON WARREN related to the Boston Society for Medical Improvement the case of a lady, about 40 years of age, who, about eight years since, had a neuralgic attack, commencing in the lower jaw, in the neighbourhood of the right bicuspid teeth. One or two teeth were extracted, but the pain still remained in the jaw, which seemed tender and swollen at that point. The neuralgic attack gradually increased, and the pain spread, affecting a great part of the left side of the face, being, at times, of the most excruciating character. During this time, every kind of treatment that the best directed skill and judgment could dictate was employed, without avail. Dr. W. saw her about four years since, in consultation, and suggested an operation, but she declined it, at that time.

For the last six months previous to the operation, her sufferings were so great as to reduce her strength, and confine her to her room, where she moved only from her bed to her sofa, and for the most part was kept under the influence of morphia. Any movement, even of the air near her, was sufficient to excite an attack. Under these circumstances, every other means having failed, and her strength apparently giving way, she made up her mind to the operation. Dr. Perry, her physician, Dr. Blake and Dr. Oliver, assisted. Being well etherized, the jaw was exposed in the vicinity of the masseter muscle, which, being